

Vol. X.

April, 1892

No. 4.

THE CALIFORNIA
HOMEOPATHIC
HINDERN LINDERN MINDERN

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Subscription, \$2.00 per Annum. Single Numbers, 25 Cents

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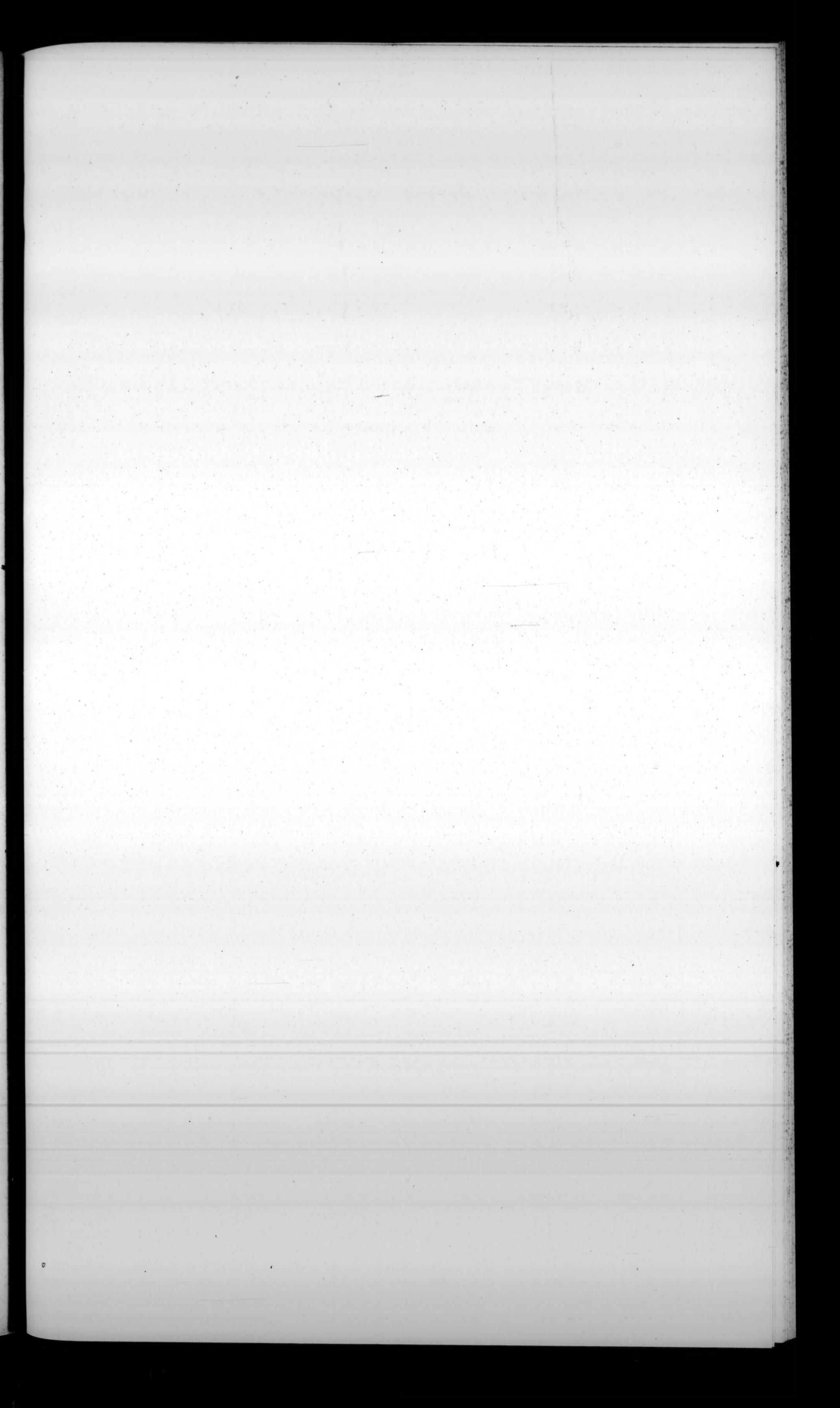
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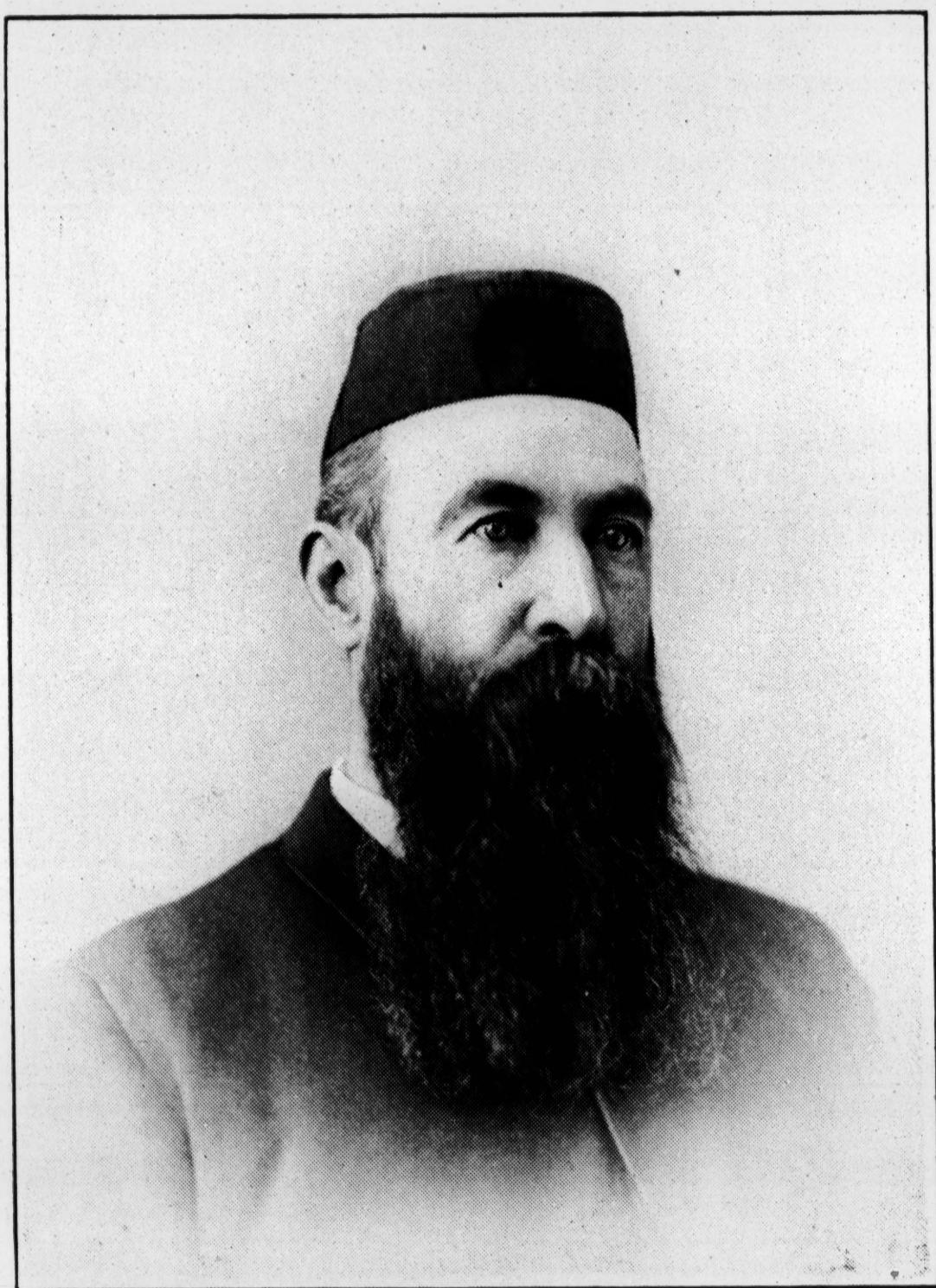
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THE
CALIFORNIA HOMŒOPATH.

Vol. X.

April, 1892.

No. 4.

Original Articles.

CLINICAL CASES.

By C. GORDON, M. D., HAPPY CAMP, CAL.

CASE I.

Mrs. W. A., half-breed, aged 32, mother of four children. As I did not examine the patient, will give report of her husband:

"About six weeks ago my wife was taken with a severe pain in her belly about four inches below and to the right of the navel, which continued for about twelve hours, when the menses appeared, relieving the pain but leaving a sore spot for about a week."

At the next period, the pain was repeated, was more severe and remained longer. On applying a poultice, a hard *lump* was noticed, which presented the appearance of a large corn-cob lodged in the abdomen crosswise, and being forced outward. At the appearance of the flow, the pain ceased, but the lump or protrusion still remained; was very sore to the touch and appeared to enlarge. Suspecting ovarian tumor, I prescribed thuya 1x every Sunday for three weeks of every month. Relief was immediate, and now after seven months, no trace of the *lump* is left.

CASE II.

Mrs. E., aged 25, brunette, mother of one child three years old. When menses were due, was taken with severe pains all over the abdomen accompanied with high fever; pulse 120, temperature $99\frac{1}{2}$. Gave acon. and puls. alternately every hour. After about six hours, a chill for half an hour, then pain in stomach and severe vomiting; continued puls. with a few doses of magnes. phos. as the effort to vomit continued after the stomach was apparently empty. The effort of straining to vomit produced sweat, which was encouraged by hot applications and blankets. A gentle sleep, and all was over. After twenty-four hours, the menses appeared. At the next period, the same symptoms appeared; the same remedies were administered; the same results. Suspecting enlarged ovum, I prescribed thuya 1x every Sunday for three weeks, which cured.

PETROLEUM.

BY A. AUCHIE CUNNINGHAM, F. C. S.

Petroleum belongs to the hydrocarbons of the series known as paraffins, having the general formula $C_n H_{2n+2}$; about which little was known before 1848, except the methane or marsh gas group, which for many years has been familiar to the inhabitants of the rural districts of various countries, being called in some parts "holy fire," in others, as in Scotland and England "will 'o the wisp," while in Ireland it went under the name of "banchee;" and many are the weird tales to be told while sitting at the fireside of the country folk regarding this mysterious light.

The paraffin series of hydrocarbons has many members, several of which are mixed to form the various petroleums found in different parts of the globe, with much variation in properties.

Paraffins may be prepared in many ways, which accounts for the numerous theories regarding the origin of natural paraffins, as petroleum, ozokerite, etc. For instance, they may be formed by bringing together two alcohol radicals, or by libera-

ting the alcohol radical from a compound and bring it into contact with hydrogen, or by heating a fatty acid, or an acid of the series $C_n H_{2n-2}O_4$ with an alkali; when cast-iron is dissolved in acids the hydrocarbons obtained contain paraffins; when wood, coal, bituminous shale, fatty oils, resins, animal matter and other organic substances are distilled, paraffins are formed. All these reactions are complicated, as many compounds are formed termed bi-products, at the same time.

In nature we meet paraffins in three conditions; first marsh gas, which represents the gaseous condition; second, petroleum which is a mixture of various liquid hydrocarbons; and third, ozokerite which is made up of many solid paraffins and isomericids. It is also met in the resin of the *pinus sabiniana* of California.

The peculiarities of this branch of hydrocarbons is, they are not attacked by sulphuric or nitric acids or alkalies, and it was from this fact that the name originated.

It is needless to state more regarding the gaseous state of paraffins, than in many respects they may be compared to coal gas, being combustibles but not explosives, but when mixed with air in various proportions and lighted, a mixture is ignited which takes fire with explosive violence, as in the many fire damp explosions in coal mines.

The properties of the liquid paraffins vary with the district where found, as for example at Milan it is sherry colored, while in Russia and the United States of America it is generally brown by transmitted light and dark green by reflected light, whereas in India it is nearly black in color.

Some samples give off vapors at ordinary temperatures which are inflammable, others will even extinguish a lighted taper when plunged into it. Some petroleums are valuable for the large percentage of burning oils which may be extracted, others for the fine lubricating oils that may be made from them, many contain solid paraffins which are extracted and molded into candles or the softer kinds made into vaseline, while some with a melting point of about 100° F. are used in hospitals to a large extent in place of plaster of paris. Some petroleums contain much of what is commonly called asphaltum, which takes away from the value of the products. This is the chief

fault to be found with the petroleums of California and require us to bring much oil from the East.

Of all the theories regarding the origin of petroleum only two are thus far of any great importance.

The first states that by the action of steam on compounds of carbon and iron, or other metal in the following manner: At the time when, as we are told, the earth was "waste and void," and "darkness was upon the face of the deep" the cooling of the globe had so far progressed that water had condensed upon the solidified envelope or crust of the still fluid mass, and formed a continuous layer or sheet. Much water, however, still suspended in the air forming impenetrable clouds of vapor through which light could not pass. As the temperature of the earth further declined, the interior portion or core contracted and this was naturally followed by a crumbling of the crust, whereby the "dry land" was caused to appear, and the "waters were gathered together in one place" forming the seas. At the same time fissures were produced, the crumbling being attended with a certain amount of cracking of the envelope, and through these water found its way into the interior of the mass. Here the water became vaporized, and the steam superheated, and under immense pressure, came into contact with compound of iron and carbon, which were still at a very high temperature. Under these circumstances the aqueous vapor, consisting of hydrogen and oxygen became decomposed, the hydrogen forming with the carbon the hydrocarbons known as petroleum, while oxygen entered into combination with the iron.

The other theory which receives the greater measure of support, ascribes the production of petroleum to the slow decomposition of vegetable and animal matter. In the precarboniferous era, the earth was covered with a rank and marshy growth of moisture-loving plants, and the air was charged with aqueous vapor and carbonic acid, while the seas teemed with the lower forms of animal life. By the convulsions to which the earth was, at this stage of its existence, peculiarly subject, alternate submergence and elevation of the surface occurred, both animal and vegetable forms being covered with sands of the ocean. The successive processes resulted in the

formation of beds of animal and vegetable matter by the slow decomposition of which the petroleum now stored in the earth for the use of mankind was produced.

In the case of petroleum, as in that of coal, we may consider that in the combustion of the material we have a reproduction of the sunlight which fostered the growth of the lower animals existing prior to the creation of man.

The great paraffin oil industry of Scotland, shows how this petroleum may be successfully made from bituminous shales of certain qualities, and when refined, the products are the same as those obtained from the oil wells of Batum and Pennsylvania, and in every way superior to the products at present obtained from the petroleum of California.

THE NEW HYPNOTICS—SULFONAL, CHLORAMID, URETHANE, PARALDEHYDE AND SOMNAL.

By F. G. OEHME, M. D., ROSEBURG, OREGON.

The following has been gathered partly from various journals of the last few years and partly from my own observations.

1. *Sulfonal* occurs as white crystals or powder without taste or smell, easily soluble in warm water, sparingly in cold (1.500) and is said to produce a more normal and refreshing sleep than any other hypnotic. The drug may be given in cold or still better, in hot food or drink (milk or soup) and can therefore be administered unbeknown to the patient, if necessary; or it may be taken dry with sugar and wash down with water.

From seven, fifteen, thirty to forty-five grains and more are given as one dose, fifteen grains being the medium and sufficient dose. A sleep of six to ten hours will be produced in about two hours. After the administration of one dose, its effect may continue for two and even three nights, without drowsiness during the day. In sleeplessness after fevers, one single dose may break the bad habit.

In exceptional cases it may fail and produce other and unlooked-for symptoms.

Severe pain, vomiting, and diarrhoea contra-indicate its use.

Occasionally the following after-effects may be observed; mostly, however, only after doses of twenty to forty grains, doses of fifteen grains or less, have very rarely ill effects:

General weakness, exhaustion, weariness, staggering, despondency, headache, vertigo, drowsiness, pupils dilated and sluggish, defective vision, seeing of colors, ringing in the ears, hearing voices; the sense of hearing acute, out of all proportion to the other senses, more so when the patient is asleep, its milky-white fur on the tongue, as if from a coating of whitewash, moist; saliva increased, loss of appetite, vomiting, giddiness, faintness, diarrhoea, eruption like measles, or copious, sharply defined scarlet exanthem on the outside of both breasts with some itching and spreading in all directions symmetrically.

The following after-effects were observed after very massive and long continued doses, which the (insane) patients had borne well, until symptoms of disturbance appeared:

Great prostration; locomotion impossible. The muscles are flaccid and do not contract; great constipation; dark-brown urine, discolored purpura-like patches on the limbs; anaesthesia of the skin, most marked in sleep; slow or rapid, but feeble pulse; cyanosis and semi-comatose condition; death caused by heart-failure, with oedema of the lungs.

Antidotes: Brandy and coffee.

The following three cases must be reported singly, as it seemed unadvisable to separate their symptoms and arrange them with those above mentioned.

FIRST CASE.—A woman of twenty-eight years, affected with melancholia, took two fifteen grain doses one and one quarter hours apart, and died of apnoea. Artificial respiration, the faradic current, strychnin, ammonia and alcohol were used in vain.

SECOND CASE.—An elderly lady took by mistake ninety grains at one dose at nine P. M. At three o'clock A. M. she was in a semi-comatose condition, rapidly passing into a state of

stupor with stertorous breathing. Radial pulse almost imperceptible; limbs cold. Breathing, stupor, and pulse soon improved. Incoordination of all the muscles was extremely well marked. Face drawn slightly to the right and ptosis of the right eyelid. She would dose for a few minutes, then open her eyes, but not recognize anyone. At six A. M. general condition slightly improved. Her articulation very poor and feeble, she could scarcely be understood. Respiration twenty-four, pulse 130, temperature 98°. Mouth parched, tongue dry, deviating to the right when put out. Constant desire to urinate, but only about a teaspoonful passed at a time. Urine normal. At noon slight general improvement. Urine had to be drawn by catheter. Feels tired, wishes she could go to sleep, and talking incoherently. Next morning much weaker in spite of stimulants and milk. Mind not clearer. Respiration twenty-two, pulse one hundred and thirty, temperature ninety-eight and one-half degrees. Bowels constipated, considerable tenesmus. Inability to expel the fæces, although the sphincter is paralyzed. It was ten days before the ptosis, paralysis of the face and incoordination of the muscles entirely disappeared; the paralysis of the bladder and bowels continued for two months.

THIRD CASE.—An ignorant woman of fifty-two years took of her own accord, and without need fifteen grains every night. After two months she began to lose flesh and grow weak; finally she had to give up work and go to bed perfectly helpless and prostrated, her whole system seeming to break down at once. She complained one minute of burning all over, then in a few minutes of feeling as if a cold wind was blowing on her. Excruciating burning pains in her bowels and joints. Her mouth became raw, the mucous membrane peeling off as if burnt by some escharotic. All the mucous membranes in the same condition. She still continued taking fifteen grains every night, as she could not get any rest without it, and became almost frantic before the time came for her powder, which she took as ravenously as a starving dog a piece of meat. Her weight had fallen from one hundred and twenty-five pounds to sixty. When finally forced to leave off sulfonal, she

kept up a constant spitting for the first five days, and occasionally vomited a thick, glairy mucus. Her stomach would tolerate only a drink of one part cream and four parts of boiled water, which relieved the burning in the stomach and bowels.

The great weakness, the staggering, the marked incoordination of the muscles, etc., would indicate the use of sulfonal according to S. S., in locomotor ataxy and other spinal diseases. The symptoms of the lung show such a profound and peculiar affection of the whole system, that much gain might be expected from a systematic proving of this medicament.

Sulfonal has been used otherwise than for insomnia in the following diseases with benefit:

Epilepsy, chorea, cramps and neuralgic pains in the last stages of paralysis agitans thirty grains twice a day. Morphine habit, delirium, irritability and excitement from teething; night sweats in phthisis seven, eight and ten grains at bedtime; spasmodic stricture of the oesophagus; sulfonal diminishes the quantity of sugar in the urine, reduces polyuria and thirst after five to thirty grains a day; more so after forty-five grains a day; thirty grains a day for some time had no ill effects, but forty-five grains a day produced giddiness and great sleepiness; it quiets the irritating, harrassing cough of bronchitis, pneumonia and tuberculosis, besides giving sleep. Heart diseases, muscular spasms after fractures fifteen grains every four to six hours. Asthma, alcoholism, etc.

2 *Chloramid* is a white salt, and the chemical product of two parts of chloral hydrate and one part of foramid. It is bitter and best taken in tincture of ginger or spirituous liquors or glycerine; from fifteen, thirty to forty-five grains are given as one dose, thirty grains being the medium dose. If taken with some spirituous drink, the drug will be resorbed quicker and consequently operate sooner; a sleep of from six to ten hours will follow in about one hour after its administration.

Warm fluids decompose it and nullify its action. It has no cumulative action and patients do not seem to become accustomed to it. A single dose can produce good sleep for two or three nights and may, like sulfonal, break up the bad habit of sleeplessness.

It is absolutely free from irritation and a ten per cent. solution will not irritate even the conjunctiva.

Sometimes the sleep will be interrupted and in rare cases the drug will not produce any sleep. Evil after-effects are much less frequent from chloralamid than from sulfonal, especially the former is less liable to effect the heart and respiration than the latter. It is not generally indicated where the pain is severe.

Chloralamid produces occasionally headache upon awakening, lassitude and a desire to sleep in the morning or throughout the entire day.

Unusual symptoms arranged in the order of their frequency are the following: Slight or severe vertigo, thirst, nausea, dryness of the mouth, loss of appetite, slight delirium, vomiting, cardiac weakness, rapid and feeble pulse and restlessness necessitating forcible restraint.

The more severe symptoms appeared after large doses, over thirty grains, and where not consecutive or persistent as in the case with sulfonal.

Chloralamid lessens the specific gravity of the urine, often as much as ten points; causes muscular tremors, lessening the coordinating power; later on pains around the joints.

It has the best effect in simple idiopathic insomnia, but is of benefit also when insomnia is present in nervousness, neurasthenia, hysteria, spinal disease, old age, chronic alcoholism, alcohol excess, delirium tremens, cardiac and bronchial asthma, pleuritis, phthisis, pericarditis, arterial sclerosis, organic heart disease, typhoid fever, gastritis, subacute nephritis, ascites, diabetes, mania, melancholia, cancer of the stomach.

3. *Urethane* looks very much like broken-up camphor and has the same feeling between the fingers, but is without smell. Dissolved in water it has an unpleasant mouldy taste, which it loses by adding an equal quantity of liquor; eight to sixteen grains are one dose. It has no advantages over sulfonal and chloralamid.

4 and 5. *Paraldehyde* and *Somnal* will probably never be used much, as both have a horrid taste and are no better, if as good as the three above mentioned hypnotics. Paraldehyde is

a liquid with a smell resembling ether; dose one-half, one and a half dram. Somnal is also a liquid resembling chloroform; dose ten to thirty drops. Both have to be given in a vehicle which will hide the abominable taste.

A patient suffering from chronic bronchitis and emphysema, took one dram of paraldehyde and was seized one hour later by sudden dyspnoea and collapse. Another person took by mistake (?) three and a half ounces of paraldehyde and was for over twenty-four hours in a condition resembling a very profound chloroform narosis; at one time the pulse 120; respiration forty; skin warm; later on pulse imperceptible, breathing very rapid, coarse, bubbling rales; still later, respiration stertorous, face flushed, skin acting very freely. After nearly two days consciousness slowly returned.

Personal observations. As I have frequently suffered from insomnia after two or three o'clock A. M., especially if disturbed, having slept well from 10 o'clock till this time, and as I was desirous of learning experimentally the operations of the first three hypnotics on myself, I took them several times. I must mention here, that this sleeplessness was caused partly by age (sixty-five years), by needing constitutionally very little sleep, and partly by a bad habit, acquired by having lived two years near a railroad station, where two night-trains regularly woke me at two and three o'clock A. M.

I took fifteen grains of sulfonal on retiring, as I slept well till two o'clock, consequently it was needless to take the drug earlier. When under its influence, I woke, when called, as easily and quickly as usual, without any drowsiness, but soon slept again, entirely contrary to the usual habit. In the morning I woke at six o'clock, or after and felt delightfully refreshed without the least unpleasant sensation.

Chloralamid (thirty grains) and urethane (twelve grains), I took only when returning from a night call at two or three o'clock, or when accidentally awakened at this time. The latter seemed to operate a little quicker than the former; but the sleep after either did not seem quite as pleasant and natural as that from sulfonal. But there were no ill effects.

My stomach is very sensitive to morphine or codeine, as both produce soon deathly nausea and loss of appetite. The

above hypnotics caused nothing like this, but have broken to a very great extent the bad habit of too early waking, and I sleep now generally till five o'clock.

I gave sulfonal in the very beginning of a case of mania, preceded and accompanied by harassing wakefulness night and day, hoping great beneficial results from one night's sleep. I administered it about seven P. M. It produced a few hours sleep, but without lessening the mania.

In a case of heart disease with sleeplessness in an old woman, considered incurable, I gave twice chloral amid, ten grains the first time, fifteen grains the second, but without effect and one eighths grain doses of morphine were by her greatly preferred.

Before closing, I would like to state my own condition regarding the use of hypnotics and analgesics. It is a physician's duty to make himself acquainted with all new discoveries in order to be prepared for any emergency, but to administer on every occasion a hypnotic or analgesic, except in incurable and a few exceptionable cases, is a lazy way of overcoming difficulties. It proves injurious to the patient as well as to the doctor's progress in the homœopathic *materia medica*.

KALI PHOS.

BY A LAYMAN.

A very interesting case came under my treatment. A lady, fifty-five years old, had such excruciating headache that she was partially insane; she claimed her brain was ruptured and running out of her eyes; a yellow-grey curd was exuding from her eyes. She had been suffering for some days. I gave her kali phos. 3x, which acted like a charm. In two hours the dose was repeated, and the result was perfect relief. Some four weeks later she had another attack, but not so bad. I gave her kali phos. 6x, and wishing to watch the case, I called in two hours. She said that was not the same medicine you gave me before; the action is barely perceptible. I then gave 3x, and in two hours she was well. Now, I have always been in favor of high potencies, but this experience seems to indicate that *quantity* comes in as a factor; if so, it should be noted that one dose of 3x is equal to one thousand of 6x.

CONCERNING SURGICAL DISEASES OF THE RECTUM.

BY J. I. HODGE, M. D., PASADENA, CALIFORNIA.

[*Read at the first semi-annual meeting of the Homœopathic Medical Society of Southern California, held at the Hotel Del Coronado, San Diego, California.*]

Perhaps no operation in surgery builds for the operator a more invaluable reputation, and stronger supporters among the laity, than skilled surgery of the rectum.

We do not claim that it belongs in the category of operations within the cavities of the body, but the frequent occurrence of these painful and destructive diseases as compared with the operative cases within the thorax and abdomen, the brain and vertebral column, makes it of the greatest importance that every surgeon should be well informed upon the most satisfactory methods of operating, and thus yielding the best results.

If we were to look back a few years into this class of work we would find much in modern surgery to gratify us, and stimulate us to work diligently, but cautiously, forward in hopes that ultimately many of those conditions necessitating operating interference will be even much more satisfactorily handled than at the present time.

The demand for the pile ointment and suppository a few years ago brought out a large number of methods of rectal treatment, a few of which found their way into the hands of hundreds of physicians, and while they did some good, were in a large majority of cases wholly inadequate, and worse than useless.

These failures, then, were the stimulating influence that drove the surgeon, the skilled operator to the anal orifice, aye, even into the rectum, the only opening into the human body that had been neglected by men of his profession, and like the true philanthropist working in a humane and noble cause, he reappears upon the scene *covered with glory*, and by his thorough understanding of the anatomical structure and pathology of the parts, declares these painful and dangerous diseases shall be taken in hand and in most cases the patient restored to health and happiness.

In order that I may not occupy more than my allotted time I will enter upon the details of a course which I have found most satisfactory.

The first step is to get the patient. He complains of rectal disturbances, possibly heat and soreness, or alternate discharges of blood and pus; his health has failed, and his spirits are depressed. He has had no special sickness, but a general decline, loss of appetite, nervousness, and waste of flesh. The temperature, pulse, and respiration are carefully taken, and the patient subjected to a series of questions bearing upon the special phenomena of the classified diseases of the rectum, covering the usual ground of heredity, dyscrasia and acquired diseases. The patient is then subjected to a careful physical examination. The bowel is emptied and cleansed as high as possible with enemas. Then the patient's lungs, heart, liver, stomach and intestinal tract receive careful attention; the urinary organs, anus, rectum and sigmoid flexure being critically examined; and in no case do I stop my investigations because of finding diseases of one or more of these organs, but continue until every organ has been thoroughly examined and its condition noted.

The examination concluded, if the case is not beyond doubt a clear one, the opinion should be withheld for a day or two, and the case carefully reviewed. Scirrhus of the liver has existed in several cases that I have examined, in conjunction with ulcer or cancerous condition of the rectum. I have never operated when such conditions obtained, but have witnessed operations that resulted fatally.

Diseases of the lungs if not in an advanced stage, do not contra-indicate minor operations on the rectum. To the contrary, the patient may receive a new lease of life if skillfully handled. Deranged functions of the heart do not always contra-indicate these operations, but I would not operate in a case of organic diseases of this organ, though the operation could be performed without an anesthetic. I have witnessed alarming symptoms during examinations of the rectum in a patient with valvular insufficiency; the symptoms were undoubtedly the result of vascular excitement.

I will not here enter into detail of the conditions that would

contra-indicate operations on the rectum, but will suppose that the case is one for operative interference: a case of

FISTULA IN ANO.

This is the least to be dreaded of the complete fistulæ, and perhaps the most easily detected and treated. The examination consists in evacuating the bowels by anemas before examination and allowing all water to pass off. The patient should lie upon right side with legs and thighs closely flexed. The forefinger is then thoroughly anointed and passed into the rectum, and with the thumb of the opposite hand pressing externally and gently, a thorough exploration can then be made. The fistula, if it has not been evacuated, is generally easily located, as it resembles somewhat a rubber drainage tube, large or small as the case may be, passed under the mucous membrane. An opening should then be made (not too large at first). When the matter has been evacuated, introduce the nose of a syringe that will well fill the opening. Now, with the forefinger in the rectum, inject a twenty per cent. solution of carbolized water into the opening, making continuous pressure on the piston. This will open up all the sinuses or distend the cavities. Holding the nozzle in place for a moment or two will enable you to locate them accurately.

The syringe is then exchanged for the fine silver probe, which is carried carefully along the sinous to the mucus opening, which may not be difficult to find, but is oft-times next to impossible. In such cases the syringe has aided me materially. I make a solution sufficiently strong with carbolic acid to bleach the mucus tissues, and force it into the cavity, observing former rules; it finds the opening if one exists, and leaves a mark to guide you. And again has this method been of value to me in locating cavities that were not suspected, where a sinous opening into the first about one quarter of an inch from the internal opening passes through the sub-mucus connective tissues, and outside of the external sphincter formed a cavity just beneath the skin in a position directly opposite the tuber-ischii. There was nothing external that would have indicated its presence.

The cutting portion of this operation is that advised by the English surgeon, Allingham, which I give in his own language:

The patient being placed on the side which it is supposed the bowel is affected, the surgeon passes the forefinger of the left hand, well anointed, into the bowel, and then places the thumb of the same hand below the swelling on the skin. Now making outward pressure with the finger in the bowel and thus rendering the swelling quite tense and defined; it being in fact taken between the thumb and finger, a curved bistoury is to be well thrust into the abscess in a direction parallel to the long axis of the bowel cutting toward the anus, full the length of the swelling. I have found that if I now trim these excised edges close to their base and pack with cotton wool well dusted with Idol or Iodoform, putting a good large piece just above the internal sphincter to absorb the mucus of the bowel, that healing is much more rapid and devoid of unpleasant irritation.

The patient is then put to bed and required to remain three or four days, with liquid diet, which will give the bowels rest and facilitate healing.

In operating on such cases I prefer to use Wyatt's method of injecting into the cavity a solution of from fifteen to forty drops of a four per cent. solution of Hydrochlorate of Cocaine. This method is preferred to the ether spray used by Allingham.

In cases of not too severe prolapsus of the mucous membrane of the lower bowel, I have used with most satisfactory results an operation recommended to me by Dr. George A. Hall of Chicago. It consists in complete dilatation of the sphincter, seizing the redundant mucous membranes with strong dressing forceps in the direction of the longitudinal axis of the bowel, passing catgut sutures at short intervals beneath the jaws of the instrument, bringing the ends well outside the rectum. The redundant mucus membrane is then incised on a plane with the upper side of the dressing forceps. Then slightly loosen and move stitch by stitch at a time toward the lower end of the incision, the sutures being closed so the edges of the mucous membrane approximate. The removal of two or three of these longitudinal strip of mucous membrane will relieve most cases of perplexing prolapsus of the lower bowel. The theory is that the cicatrix forms supporting pillars by uniting with the muscular coat of the intes-

tine, and unlike the circular cut made by Pratt across the bowel, never interferes with the movement of the bowels, or produces constriction.

With your permission, in conclusion, I will cite a case of rectal trouble, that recently fell under my observation.

A. J. C. consulted me September 28th, 1887. He was born in England, was thirty-nine years of age, carpenter by trade and had enjoyed good health up to within about three years. His mother died, he claims with what doctors called "Scrofulous rheumatism." One brother died from hip-disease. He has a history of venereal disease; complains of great nervousness and weariness through the back, and has a feeling high up in the bowels as though they had been scraped, or as he expressed it, "a cankered feeling." Cannot sit because of great nervousness in the pelvic region. Cannot stand but a short time on account of pains under the heel. The flexors of the leg seem too short.

The examination disclosed ten polypi, ranging in size from one inch in length by one-third in thickness to that of a large sized pea. These were removed by the use of the ecraseur, and the patient put under homœopathic treatment, taking into consideration the sylphilitic origin, and in two months the patient was enabled to resume work at his trade.

DR. ROBERT T. COOPER, author of several excellent publications thus expresses himself in a late number of the *British Homœopathic Review* on high versus low potencies: Recent experiences have proved to me the surpassing utility of high dilutions in certain forms of disease, so much so, that I am quite prepared to challenge the productions of cases of equal obstinacy cured by low potencies or material doses. The proposition I hold to, is that these are cases curable by high dilutions that are absolutely incurable by low ones."

The doctor is prepared to show proof of this at any meeting of the homœopathic adherents in England, and recommends the selection of Dr. R. Hughes as an impartial arbitrator.

Ophthalmology and Otology.

CONDUCTED BY H. C. FRENCH, M. D.

Lectures Delivered at the Hahnemann Hospital College
of San Francisco by Hayes C. French, M. D.

LECTURE I.

EXAMINATION, GENERAL MANAGEMENT, TREATMENT OF THE EYE.

In the medical care of an organ so delicate in structure, and so important in function as the human eye, the neglect of any measure which could throw light upon the pathology of the suffering member, could be little less than a crime. Therefore, after carefully cleansing the hands and nails, make it a rule under all circumstances, no matter what the history or symptoms may be, by a thorough inspection of every part, to satisfy yourself of the positive condition of the eye at the time. In no other disease of the human organism is a correct diagnosis more important, or a mistake more serious in its consequences than in that of the eye, and without positive knowledge on this point, no one, whatever his name or standing in the profession may be, has any right to assume control of even the simplest eye case. It is important to remember that errors of refraction are frequent causes of superficial inflammations, and functional disorders involving the muscles and accommodation of the eye; and when such defect is suspected, the only rational procedure is to test the refraction by the method elsewhere indicated, before subjecting the weakened organ to any greater strain than the most cursory inspection would entail, as the most careful manipulation is liable to increase the irritation of supersensitive parts, and thus defeat all efforts to determine the true refractive condition. Having settled this point, observe carefully the integument of the lids for abnormal discolorations or elevations which might result from inflammatory action and products. A two or two and a half inch magnifying glass should be a constant companion in all these external

explorations; and having exhausted the resources of the unassisted vision, bring the glass to bear upon the margins of the lids to determine the state of cleanliness, and the presence of thickening or induration (tylosis). Ascertain the condition of the blood-vessels, whether normal or distended, also the state of hair-follicles, and whether the lashes are regular, with normal curvature, or matted in unsightly bunches, and surrounded at their roots with scales, a frequent result of marginal inflammation. A minute colorless hair turned upon the globe may escape any but the most careful inspection, and prove the source of painful conjunctivitis. Observe carefully the motion of the lids for muscular defects. Determine whether the lachrymal puncta are in proper relation to the globe, thus enabling the canaliculi to bear away the tears. The presence of inflammatory products in the lachrymal sac may be determined when fluid, by pressing the sac firmly with the finger, when the offending secretion will be readily forced through the punctum, but if hypertrophic changes, or calcareous deposits are present, the pressure will produce no apparent results.

To evert the upper lid, stand behind the patient, with his head thrown well back upon the operating chair, seize the central lashes with the thumb and finger of one hand, drawing the lid gently but firmly downward and slightly forward from the globe, at the same time instructing the patient to look well down, then with the blunt point of a lead pencil or the tip of the index finger of the free hand press quickly on the upper border of the tarsal cartilage, tilting it forward, at the same time lifting the edge of the lid upward and backward, when the conjunctival surface of the lid will spring into view, and may be thus maintained for inspection or treatment, by gentle pressure upon the everted margin. In the absence of lashes the integument may be seized by the thumb and finger, and if this is impracticable, by the fixation forceps: Spasmodic action of the orbicularis muscle often proves a serious obstacle to eversion of the lid. This may be in a measure overcome by making firm pressure on that muscle, together with the occipitofrontalis, during the effort to turn the lid. For examination of the lower lid, direct the patient to roll the eye well upward, then with the tip of the finger on the integument close to the

margin, draw the lid gently down, when the conjunctiva will come readily into view. If standing behind the patient the tip of the thumb may more conveniently be employed than that of the finger. Never be satisfied until every portion of the conjunctiva of both the upper and lower lids, clear back to the retrotarsal fold has been brought under inspection. Careless specialists of no small note have frequently met with mortifying defeat from the neglectful oversight of a minute foreign body in one of these convenient hiding places. In the examination of infants and small children some difficulty will sometimes be met with on account of timidity, intractability or painful photophobia, with spasm of the orbicularis muscle. To overcome these obstacles, let a reliable attendant hold the child across the lap, securing its lower limbs and holding the hands at the same time, while the surgeon, having a towel across his lap, holds the patient's head as in a vice between his knees, and proceeds if practicable, to examine the lids as in the case of an adult. Sometimes the lids become enormously swollen, rendering a satisfactory examination of their inner surfaces a process of extreme difficulty, yet nothing short of absolute knowledge of the condition of these parts will satisfy the careful and conscientious practitioner, as destructive changes may be rapidly progressing in the delicate structures of the hidden cornea.

For the satisfactory inspection of the cornea of children, it is sometimes necessary to press the point of the index finger firmly down between the swollen lids, and while drawing the lower one back with the thumb of the free hand, to press the upper lid forcibly backward into the superior orbit until the entire surface of the cornea can be inspected. If the finger nail is reasonably short and smooth no possible harm can follow this apparently severe operation. In extreme cases the use of a retractor becomes necessary.

Oblique illumination will be found a most important aid in diagnosing many diseases of the cornea and iris, and some of the pathological changes incident to the lens. For this purpose either solar or artificial light may be employed. If solar, the patient should sit before an unobstructed window, while through a two or two and a half inch double convex lens the

solar rays are focused obliquely upon the cornea. If a lamp or gas is used, it should be at a distance of about two feet from the patient. Illumination from either of these sources will enable the observer, if his eye is in the line of reflected rays, to detect minute changes effecting the brilliancy and clearness of the cornea, the color of the iris, or the transparency of the lens. A second lens of three or four inch focus to magnify the illuminated surface will prove an important adjunct to the investigation. Opacities of the cornea, resulting from inflammation, wound or escharotics, so minute or shadowy as to escape the powers of the natural eye, may, by careful use of this oblique method, or by the direct method with the ophthalmoscope, be readily detected. The same measures will assist greatly in the removal of very small bodies from the cornea. In case of pain and photophobia, with corneal abrasions, examine carefully the margin of the cornea (limbus), for that "rosy zone" which is due to congestion of the ciliary vessels, and is the sign of inflammation of the cornea (keratitis), or of the iris (iritis), or of the ciliary bodies (cyclitis), and will assist a differential diagnosis as between these troubles and the more superficial inflammations of the conjunctiva. The condition of the iris should be a matter of most pains-taking care, and any irregularity in the shape or defect in the mobility of the pupil, or departure from its normal color, points to iritis. If only one eye is affected, except in those rare cases of congenital difference of color, comparison with the well eye will aid us in determining any departure from the normal tint. Excepting in glaucoma or serious iritis, in both of which conditions the tension is increased; and with caution in its use upon the aged, atropine in solution of two to six grains to the ounce of filtered water (distilled water is irritating), may be instilled into the eye to aid in diagnosis by determining the condition of the pupil which, in case of inflammatory infiltration into the substance of the iris, will respond slowly, if at all, to the action of the mydriatic; and also to reveal any adhesions of the posterior surface of the inflamed iris to the anterior capsule of the lens (posterior synechia), or adhesion of some portion of the anterior surface to the posterior surface of the cornea ("anterior synechia"), either of which conditions will

be indicated by a distorted appearance of the pupil under the dilating power of the drug.

If the adhesion involves the entire pupillary border of the iris to the lens (exclusion of the pupil), of course there will be no visible response, but if the attachment is only at one or two points, there will be limitation only at these centers of adhesion, and freedom of action in the remaining portion, producing irregular dilatation.

Besides aiding in the diagnosis, atropia, either alone, or used in alternation with eserin, may in recent cases break up the adhesions by reason of its timely application. Cocaine will be found a most important aid in examination of the cornea or iris of nervous and timid patients, and especially of children suffering from acute inflammation of the conjunctiva or deeper structures, and is indispensable in the removal of foreign bodies from the cornea.

The *tension* of the eye has very important bearings upon its function, as in glaucoma, in which a sudden increase of intra-ocular tension, may in a few hours not only destroy function, but if unrelieved bring about morbid organic changes beyond the skill of man to remedy, or total blindness. The physician who through ignorance of the various tension of the globe fails to detect the glaucomatous hardening in time to apply or secure the remedy, will be held responsible at the tribunals of justice, for the criminal sacrifice of that most sacred boon of humanity, vision. A uniform system of signs denoting the condition and changes of the intra-ocular tension, has been adopted by oculists. The normal tension is represented by Tn, increased tension by T+ and decreased by T-. To indicate successive degrees of increased or decreased tension, numerals are employed thus: T+1, T+2, T+3; or T-1, T-2, T-3, as the case may be. To determine the tension, direct the patient with his lids gently closed, to look down; then standing or sitting before him, place the tips of both index fingers together on the globe to be examined, then with gentle force, alternately press and quickly withdraw each finger until satisfied as to the degree of resistance, always comparing the two eyes, and if both are affected, secure a normal one for comparison, remembering that we meet with a variable degree of tension in the

normal eyes of different persons, and sometimes in the same individual. The tension of the eye varies in disease from fluctuating softness to stony hardness. Nothing but frequent practice can beget the *tactus eruditus* which will enable the practitioner to detect differing degrees of tension, especially those of minor intensity, and give grace and efficiency in all the delicate manipulations so essential in dealing with the eye. Beginners are prone to attempt the solution of the problem of tension by alternate pressure with the first and second fingers of the same hand; but the laws of nervous co-ordination render the result much less satisfactory than when fingers of separate hands are employed. Having determined the objective condition of the eye, we should next seek to discover any functional derangements that may be present. Some form of headache or neurosis of remote organs, frequently occur as concomitants of refractive error, accommodative asthenopia, or muscular inco-ordination, and their detection may prove a most important aid in securing the proper remedial agent, under our law of selection. By means of test types and trial glasses examine acuity of vision, one eye at a time, keeping the one not under examination covered. Then ascertain the field of vision, and sense of color and light, and the power and balance, or any inco-ordination in the ocular muscles. Then, if proficient, with the ophthalmoscope, after the above points have been settled, make an ophthalmoscopic examination of the transparent media and the refraction.

MAXIMS.

Never turn from any other case or occupation to examination of the eye, without first thoroughly cleansing the hands and nails, as scores of contagious affections have been communicated to confiding humanity through neglect of this rule.

2. Either cultivate a deft and delicate touch, or abstinence from eye practice.

3. Let nothing you may have previously heard in relation to case before you, and no bias occasioned by the patient's statement at the time, prevent a careful survey of his face and mien, for those subtle signs of related disease and disturbed

function, which can find no adequate expression, either in human language or the lore of books.

4. Let no distress signals in your own face augment the already perturbed nervous relations of the patient, with ominous visions of potential blindness, and ruined hope—"take in your sign."

5. Keep the sixth commandment in view, if with any doubt of your professional competency, you are tempted to a measure, whose failure would entail blindness on your victim, remembering that to him death would be preferable to darkness.

6. Never fail to examine the tension of the eye, and if it shows any decided increase, or there are sudden refractive changes, intermittent obscuration of vision, contraction of the visual field, ciliary neuralgia, or a free and strictly individual pyrotechnic display of gorgeous rings around the gas-jets or lamp-flame, you doubtless have found a case of glaucoma, and the absence of one or more of these symptoms might not change the fact that upon prompt surgical relief would depend the fate of the eye. If unable yourself to confirm the diagnosis by an ophthalmoscopic examination, refer the case without delay to an oculist.

7. In all cases of suspected glaucoma, and some authorities say in all subjects over forty-five, refrain from the use of atropia, and by the law of analogy it would seem that the same rule should apply to all mydriatics. Still, in iritis, especially plastic iritis of the young, our only safety will be found in a prompt resort to atropia.

8. Astringents in abrasion or ulceration of the cornea as a rule will not be admissible, and unless it is desired to produce unsightly and indellible white clouds on the cornea, never, under these conditions introduce into the eye the salts of lead.

9. Be very guarded in the use of hot poultices round the eye, never allowing them to be applied more than a few minutes at a time, unless it is desired to disorganize the delicate structures. With rare exceptions the aim in eye diseases is to cut short destruction of tissue.

Colleges and Hospitals.

California State Homœopathic Medical Society.

OFFICE OF THE SECRETARY, No. 921 Polk street,
San Francisco, Cal, Feb. 1st, 1892.

Dear Doctor:—The Sixteenth Annual Meeting of the California State Homœopathic Medical Society will convene at Hahnemann Hospital College building, San Francisco, Wednesday, May 11th, 1892, at 10 o'clock A. M., and will continue for three days.

That the coming meeting may be interesting and successful, the Chairman of the Bureaux and their co-workers, who have not already reported the titles of their subjects, will please do so at as early a date as possible.

A stenographer will report the proceedings of the Society, which proceedings will be published in full. The following are the Bureaux in detail as far as reported:

Clinical Medicine and Electricity—James T. Martin, M. D., Chairman; A. McNeil, M. D., San Francisco; M. F. Grove, M. D., Healdsburg; H. L. Stambach, M. D., Santa Barbara; T. I. Janes, M. D. San Francisco; George H. Martin, M. D., San Francisco.

Obstetrics—Sidney Worth, M. D., Chairman; Wm. Boericke, M. D., San Francisco; John Townsend, M. D., San Francisco; E. A. Clark, M. D., Los Angeles.

Diseases of Women and Children—A. McNeil, M. D., Chairman; W. E. Ledyard, M. D., San Francisco; E. S. Breyfogle, M. D., San Francisco; James W. Ward, M. D., San Francisco; James T. Martin, M. D., Woodland; Alice Burritt, M. D., Oakland.

Surgery—E. C. Buell, M. D., Chairman; J. C. Kirkpatrick, M. D., Los Angeles; R. H. Curtis, M. D., San Francisco; C. L. Tisdale, M. D., Alameda; Joseph Rodes, M. D., San Diego.

Ophthalmology and Otology—Joseph Rodes, M. D., Chairman; Wm. Simpson, M. D., San Jose; Paul M. Denninger, M. D., San Jose; A. C. Peterson, M. D., San Francisco; Hayes C. French, M. D., San Francisco.

Materia Medica and Provings—W. A. Dewey, M. D., Chairman; Wm. Boericke, M. D., San Francisco; Florence M. Saltonstall, M. D., San Francisco; M. F. Grove, M. D., Healdsburg.

Physiology, Anatomy and Pathology—C. L. Tisdale, M. D., Chairman; C. W. Bronson, M. D., Alameda.

Medical Education, Statistics and Necrology—J. C. Kirkpatrick, M. D., Chairman.

Legislation—James T. Martin, M. D., Chairman; J. M. Selfridge, M. D., Oakland; C. L. Tisdale, M. D., Alameda.

Any member of the Society whose name does not appear on a committee, desiring to present a paper, or to bring to its notice anything of medical interest, is cordially invited to do so.

GEORGE H. MARTIN, M. D., Secretary.

H. R. ARNDT, M. D., President.

Annual Re-union of the Alumni Association of the Hahnemann Medical College, Philadelphia, April 12th, 1892.

The Alumni Association of the Hahnemann Medical College, Philadelphia, requests the pleasure of the company of the Alumni of the College, at its annual re-union and banquet, on Tuesday, April 12th, 1892.

The business meeting will convene at 4.30 P. M., in Alumni Hall. Hahnemann Medical College, Broad street, above Race, Philadelphia, and the banquet will be served at 10 P. M. at "The Stratford" corner of Broad and Walnut streets.

The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Forty-fourth Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, Broad and Locust streets, Philadelphia.

The Banquet Cards, costing \$3.50, can be secured from any officer of the Association. The Cards being limited to two hundred, the committee cannot guarantee to furnish any applied for after April 11th, 1892. If you can make arrangements to be present at the banquet, kindly notify the Secretary and he will be pleased to secure a place for you.

W. W. VAN BAUN, M. D., Secretary.

419 Pine street, Philadelphia, Pa.

Editorial Notes.

THE Ninth Annual Session of the Hahnemann Hospital College of San Francisco will commence on May 2nd, 1892. Present indications point to a very successful year. The Hahnemann Hospital College certainly deserves the earnest support of every homœopathic physician on the Pacific Coast. It has held aloft most valiantly the standard of homœopathy for a number of years, often under trials and discouragements that seemed at the time well nigh hopeless, but the men who have managed its affairs have been brave and true, and to-day they have the proud satisfaction of knowing that their heroic efforts have been rewarded, and that the College they have loved so well and served so faithfully stands the peer of any educational institution in the world. This College is no longer an experiment, but an assured success, and its faculty and alumni have an honest pride in that success. The homœopathic physicians of California should share that pride and use every endeavor to extend the influence of the Hahnemann Hospital College throughout all the States and Territories of the Pacific slope.

ONE other date should be borne in mind by the Homœopathic physicians of California: May 11th, 1892, is the day set for the annual meeting of the California State Homœopathic Medical Society. Every member of the Society should arrange his business so as to attend this meeting. Each year the meetings of the State Society are becoming more profitable and interesting, and there is not a homœopathic physician in the State who can afford to miss this opportunity to meet and exchange views with his professional brethren. Do not say you cannot spare the time to attend the meeting, no matter how well informed you are, you cannot be present at the meeting one hour without learning something which will be of inestimable value to you in your daily practice. So lay aside your cares and responsibilities for two or three days; come down to San Francisco on the 11th of May, and help to make the State Society Meeting of 1892, a memorable one in the medical annals of California.

C. L. TISDALE, M. D.

DR. C. B. CURRIER.

It has become somewhat the fashion among our Eastern contemporaries to publish from time to time the portraits of eminent men of our school, together with a brief biographical sketch.

THE CALIFORNIA HOMŒOPATH, in inauguration of this interesting feature, takes pleasure in presenting its readers with the portrait of DR. C. B. CURRIER of this city, one of the foremost among the many eminent men that our school boasts of on the Pacific Coast.

Dr. Currier was born in New England, and comes from old revolutionary stock. He was educated at Meredith Bridge, New Hampshire, and commenced early the study of medicine under Dr. Jerome Harris, an allopathic physician of Lawrence, Massachusetts, his native town. Here he remained two years, after which he removed to New York and placed himself under the tuition of Dr. Belmont an English physician, who made the treatment of diseases of the chest a specialty. Remaining here a year he went to Northern Vermont, entered the office of Dr. Jenness as a student. Soon after this he attended lectures at Woodstock, Vermont, and subsequently at the College of Physicians and Surgeons at New York, and then at the University of Pennsylvania where he graduated with distinction. He then returned to Vermont and commenced the practice of homœopathy at Rochester in 1857. In 1860 he removed to Cornwall, and 1864 to Middlebury, the County seat. Here he practiced for eleven years and the history of his struggles and triumphs, forms an interesting chapter in the history of homœopathy in Vermont. When he first went to Middlebury not a homœopathic family welcomed him. The Allopathic physicians tried to run him out, and no stone was left unturned to injure him, and to make him and his "sugar pills" a target for ridicule. But he fought it out alone surrounded by wrangling unscrupulous and falsifying opponents. His skill, extreme punctuality and boundless energy placed him at the head, and ere long he had the largest practice in the town. Many are the converts he has made to homœopathy and many a student first learned its rudiments in his office. The United States Government recognizing his merits, appointed him examining surgeon

for pensioners, being at the time the only one of the homœopathic school in New England.

Homœopathy in Vermont owes much to Dr. Currier. He was one of the first members of the State Medical Society, and held the office of President for many years. In 1873, The Cleveland Hospital College, confirmed its *ad eundum* degree upon him. After leaving Middlebury, in 1875, he removed to New York city, where we find him soon after with a large practice upon his hands and the position of visiting physician to Wards' Island Homœopathic Hospital. His health failing him, he was obliged to give up his practice here and for a year or two he traveled in Europe, and attended the large hospitals so celebrated in that country. Returning to America, he found his way to the Pacific Coast, and located in San Francisco in 1880. Here history repeats itself. Devoting himself largely to diseases of the throat and chest, he soon built up a large and fashionable clientele which he retains yet. In 1883, he, in conjunction with a few colleagues, founded the Hahnemann Hospital College of this City. He was the first Dean of that Institution, a position that he held for four years, or until that institution which had grown from an infant under his care, had assumed manly proportions. He then declined re-appointment. A few weeks ago, he received word, and at the same time many congratulatory letters, that he had attained a seniority in the American Institute of Homœopathy, having joined that body in 1867, along with Dowling, Lilienthal, Burdick, Houghton, John C. Morgan and others of distinction. Physicians are proverbially poor business men, but this does not apply to Dr. Currier. His executive ability is recognized by all who know him and were it not, no better proof of it is needed than the first four years of the Hahnemann Hospital College of this City, during which time he was Dean.

Dr. Currier, being a man of deeds rather than words, has, outside of magazine articles, furnished very little for Homœopathic literature, however, we hope some day to see a work on diseases of the throat and chest from his pen.

Pine apple juice has been found to contain a proteid digesting substance. This will give this succulent fruit a prominent place in dietetics.

Personals.

DR. H. S. BUFFUM has located in Walla Walla, Washington.

MAYFIELD, CALIFORNIA, offers a promising field for a homœopathic physician.

DR. O. W. SWAYZE, of Lakeport, was in town a few days ago. The doctor is looking well.

MR. E. W. RUNYON, of Boericke & Runyon, is absent on an extensive tour among our physicians of the South.

DR. BALDWIN, of Port Townsend, is medical examiner for the Union Mutual Insurance Company of Cincinnati, Ohio.

SOUTHBEND, Washington, population 3500, wants a homœopathic physician. Address DR. OEHME, Roseburg, Oregon, for particulars.

THE Hahnemann Hospital College, session of 1892, will begin on Monday, May 2. A large class is expected; several have already matriculated.

THE American Health Resort Association is a new society, of which the well-known DR. T. C. DUNCAN is President, and A. L. CHATTERTON, Secretary.

DR. L. E. CROSS, from Stockton, has been spending a few days in this city. The doctor looks well, and reports good practice in his territory during the past winter.

DR. A. D. FOUCHY, a graduate of the Hahnemann Homœopathic College, San Francisco, is at present at Brussels, Belgium. The doctor intends to return here after a course of hospital experience abroad.

THE State Society will meet on Wednesday, May 11th, at 10 o'clock, at the Hahnemann Hospital College. The indications are for the largest and most interesting meeting yet held of this Society. The session will continue three days.

FOR SALE.—A practice in a large Oregon town. Price, including horse, buggy, office furniture and a full line of surgical and gynæcological instruments, Depew chair, etc., \$350.00. For further particulars, address "Business Manager" of this journal.

WE understand that there will be a meeting of the Southern Homœopathic Society in Los Angeles sometime during the present month. We hope there will be a large attendance. We are sorry not to be able to give the date, but we have not been informed thereof.

DR. E. P. LANTHURN, an experienced and accomplished physician, has opened an office in the McMullin Building, Stockton, California, where we have every reason to believe that he will succeed in building up a lucrative practice. Stockton is so thoroughly a homœopathic town, owing to the ability and popularity of our representatives there, that a new man shares from the very start some of the good results of the work done there before him.

DR. TH. Y. KINNE, President of the American Institute of Homœopathy, has issued a circular calling attention to the forthcoming meeting at Washington, D. C. The local committees are hard at work, and a good time and profitable meeting is expected.

DR. D. N. BANERJEE, founder and physician of the Calcutta, Arrah and Nalikul homœopathic charitable dispensaries, and founder of cremation society of Calcutta, would like a brief sketch of the system of cremation in this country, to enable him to complete a book on the subject. Who can furnish it for the doctor. Address him at 43 Chorabagan, Calcutta, India.

Book Reviews.

A Practical Manual of the Diseases of the Skin. By GEORGE H. ROHE, M. D., Professor of Materia Medica, Therapeutics and Hygiene, and formerly Professor of Dermatology in the College of Physicians and surgeons, Baltimore, etc., etc., assisted by J. WILLIAMS LORD, A. B., M. D., Lecturer on Dermatology and Bandaging in the College of Physicians and Surgeons; Assistant Physician to the Skin Department in the dispensary of Johns Hopkins Hospital. No. 13 in the *Physician's and Student's Ready-reference Series*. In one neat 12mo volume, 303 pages; extra cloth; price \$1.25 net. The F. A. Davis Co. Publishers, 1231 Filbert street.

This is a most useful little work on diseases of the skin; useful for the reason that little space is given to theoretical publications upon pathology and etiology and more to descriptions, diagnosis and therapeutics, and the latter appear to be the latest of the allopathic school, although the author has studiously avoided advocating any remedy that might be styled homœopathic, and as if to emphasize it, he remarks that calcium sulphide nor arsenic never do any good in boils, a statement which even his own brethren will doubt. It is a neat book withal and an ornament to the library. D.

3000 Questions on Medical Subjects. Arranged for self-examination. Philadelphia: Blakiston's Sons & Co., 1891.

The title of this work is sufficiently comprehensive. It differs from most quiz compends in that the answers are not given, but it is interleaved for notes, which render it all the more useful.

The Mediterranean Shores of America, or the Climatic, Physical and Meteorological Conditions of Southern California. By P. C. REDMONDING, M. D., Member of the American Medical Association, of the American Public Health Association, of the State Board of Health of California; Vice President of the California State Medical Society, and of the Southern California Medical Society. Illustrated with forty-five engravings and two double page maps. In one handsome royal octavo volume, 176 pages. Extra cloth, price, \$1.25 net; cheaper edition, bound in paper, price, 75 cents net. Philadelphia: The F. A. Davis Co. Publishers, 1231 Filbert street.

This is probably the most complete work on the climate of Southern California extant, and certainly from its perusal one would think that the whole diseased world must flock to that paradise. The book however is one that should be in the hands of every physician who ever has or who ever will send patients to California. It will certainly give him the affirmative side of the question, for the negative side he will have to consult our friend Dr. E. M. Hale of Chicago, or some well written book on the climate of Florida.

The F. A. Davis Co. are the most progressive publishers that we know of and any one possessing any one of their books may be assured that it is a handsome one.

D.

Transactions of the Fifteenth Annual Session of the California State Homœopathic Medical Society. May 13—14th, 1891.

The transactions of our State society have become a matter of pride to us Californians, and the present volume is so full of interesting matter that our own pretensions are justified. It is well arranged and contains only those parts of the meeting which are of value. The Chairman of the Publishing Committee, Dr. G. H. Martin, should be congratulated on having gotten out such a neat volume, even though it was a little late in appearance.

D.

Transactions of the American Association of Official Surgeons. Sterling, Ill., 1890.

Through the kindness of Dr. Laura A. Ballard of this city, we are enabled to look over the above work. It contains the workings and progress made by this Association during the past two years. There are many excellent papers in the volume. We do not know whether the book is on sale or not, but if it is we would advise every one interested in official surgery to procure one.

D.

PAMPHLETS RECEIVED.

Disposal of Waste and Garbage. Report of Committee at the Ninth Annual Meeting of the American Public Health Association, Kansas City, 1891.

First Annual Report of the State Board of Examiners of New Jersey, 1891. Trenton, New Jersey.

The Rights and Duties of Homœopathy. By F. PARK LEWIS, M. D. Reprint from N. A. J. of H. Excellent.

Apparatus for Collecting Water for Bacteriological Examination. By SAMUEL G. DIXON, M. D., Philadelphia.

Tuberculin. The value and limitation of its use in consumption. By CHAS. DENISON, M. D., Denver.

The Homœopathic Treatment of Incipient Senile Cataract, with tabulated results of 100 cases. By A. B. NORSON, M. D., New York.

Homœopathy. What it is and what it is not. By THOS. WILDES, M. D. Second edition. Jamaica, 1889. An excellent tract, but poorly printed.

The Surgical Treatment of Pyloric Stenosis, with a report of fifteen operations for this condition. By A. SENN, M. D., New York, 1891.

Considerations Upon Medical Hæmorrhage Surgically Treated by a New Technique of Saline Infusion for Severe Hæmorrhage. By ROBERT H. M. DAWBURN, M. D., New York.

What is a Local Anæsthetic. Its discovery American, and not German.

Murasthenia and Neuralgia, from traumatism of the nasal passages. By W. F. CHAPPELL, M. D., New York.

Results of the Examination of the Throat and Nose of two thousand children, to determine the frequency of certain abnormal conditions. By W. F. CHAPPELL, M. D.

Treatment of Powder-burns.

The writer has treated successfully many acute cases of "powder burns" in the following manner. Suppuration occurs in a few days, and when in proper stage, an emollient poultice is applied for half-hour or longer, then a sharp razor is passed over the surface, which cuts off the softened elevations containing the powder grains and exposing the grains. A stiff sponge of selected texture, as to meshes, is passed over, and by mopping, etc., the grains and coloring matter become engaged in the meshes of sponge; the latter is cleansed, and the wiping and mopping repeated until the coloring matter is absorbed by the sponge.

The application of the mercuric-bichloride solution would probably produce the desired inflammation and suppuration, thus fitting an *old case* for similar treatment.

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W. C. Wile, A. M., M. D., in the New England Medical Monthly, Dec., 1890.

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"IMPERIAL GRANUM is the favorite food for children and invalids."—The Medical World, Philadelphia, Pa., May, 1890.

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"IMPERIAL GRANUM is acceptable to the palate and also to the most delicate stomach at all periods of life."—Annual of the Universal Medical Sciences, 1890.

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